

California MEDICINE

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EDITORIAL

Mental Health in California

ANY PERIOD of mushrooming population brings with it a wide variety of problems. Citizens of California, which has undergone a tremendous upsurge in population in the past two decades, can well appreciate this fact.

Transportation, water supplies, highways, housing, food supplies and communications have all been taxed to the utmost to meet the demands of the thousands of residents who pour across the state's borders in the continuing migration into California.

In addition to these everyday necessities, the health of the state has constituted an ever-increasing problem. Medical, dental, nursing and other health personnel have expanded sufficiently to provide generally adequate service for the enlarged population but in the field of facilities there has been a lag between demand and construction.

General hospitals have been added to and new ones constructed. Hospital districts have been formed under state laws designed to bring new hospitals into being in areas which have suddenly found a need for them. While there is bound to be a time lag in this area, the hospital facilities of the state have been constantly augmented to meet the growing demand.

In the field of mental health, where the state has of necessity shouldered the greater part of the total burden, the problems of hospital construction and patient care have assumed tremendous importance. As the total population grows and the percentage of that population requiring mental care remains relatively fixed, the number of patients automatically increases. And, where the laws of the state and its subdivisions make it possible and even attractive for individuals and communities to shift the responsibility for mental health services to the state, the problems at state level have grown almost to the point of intolerability.

Fortunately for the State of California and for

its citizens and taxpayers, the solutions to these problems have been more than adequately developed.

Governor Brown saw fit two years ago to go outside the boundaries of California for a Director of Mental Hygiene. He chose Doctor Daniel Blain for this post, the first state officer of cabinet rank to come from another state.

Doctor Blain has taken over the largest single department in the state's government. He administers a program which accounts for about \$140 million a year in expenditures, employs some 20,000 employees, including 550 physicians, and provides care for about 85,000 patients a year. To house its patients the department maintains 47,000 hospital beds which at any given time are occupied by about 45,000 patients.

This area of responsibility makes the State Department of Mental Hygiene not only the largest department of the state government but also the largest employing unit of the State, with about 20 per cent of all state employees on its payroll.

Where such a large concentration of employment and spending is involved in governmental affairs, the tendency toward bureaucracy is both inherent and tempting. Fortunately, this department of our state government, under the present administration, is heading in the opposite direction. In large part this trend may accurately be attributed to the director.

Daniel Blain comes to California from a background as a psychiatrist in private practice, with experience in administering private psychiatric hospitals. During World War II and for several years afterward he served the federal government in the Public Health Service, the War Shipping Administration and the Veterans Administration. Subsequently he spent ten years as Medical Director of the American Psychiatric Association.

In his present post Doctor Blain brings with him his close working relationship with the private practice of medicine and with medical organizations. His

many years in private practice have apparently convinced him of both the responsibility and the capacity of private practitioners in caring for mental patients.

Doctor Blain has been successful in achieving an increased turnover in state hospital bed occupancy, so that the need for building additional large state hospitals has, at least for the time being, been eliminated. He has also instituted an extensive program of in-hospital psychiatric training, to provide through specialized courses a professional background which many of the physicians on the staff had not previously attained.

In addition, an extensive research program, amounting to some \$3,000,000 a year, most of it in foundation funds, is now under way.

By developing these programs the director has made it possible for a growing percentage of the total mental health program in the state to be handled by private resources and by governmental agencies below the state level. Assisting in this development has been the Short-Doyle program, under which the state contributes a share of the cost of operating mental health facilities on a local or county basis.

Today about 45 per cent of the total mental health care program in California is handled by private resources. Under the program of the state department, every effort is being made to increase that amount to at least half the entire case load. The department feels not only that better care is given

the individual patient by the use of home and family environmental resources but also that there must be a limit to the amount of state tax funds which can be applied to mental health at the state level.

Inherent in this program is a sense of responsibility by private physicians and a spirit of cooperation by private physicians and their organizations. The California Medical Association, through the Council, has been quick to embrace the program developed and planned by Doctor Blain. The cooperation of appropriate committees in the Association has been given and assured for the future. The Council itself has welcomed the director at its meetings and has complimented him on his approach to a large problem that affects all Californians.

On another page of this issue is an article by Doctor Blain which gives in detail the plans and the philosophies espoused by him and by his department. This article not only shows the planning for the total mental health problem but indicates the support for this program by the Governor and by the heads of other departments of the state who work closely with the Department of Mental Hygiene.

If the philosophies of this huge mental health program can be continued and if individual physicians and governmental entities below the state level will continue to assume their responsibilities and positions, it is obvious that the needs of the people in the field of mental health will be well met.

